

RÉUNION ANNUELLE
DU GROUPE FRANÇAIS
DE NEURO-GASTROENTÉROLOGIE



2&3 MAI
2024
ANNECY
LES PENSIÈRES
VEYRIER-DU-LAC

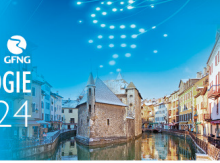
Troubles colo-rectaux et endométriose : état de l'art

Sophie Warembourg
*Service de chirurgie gynécologique
Hôpital de la Croix Rousse, HCL, Lyon*

HCL
HOSPICES CIVILS
DE LYON



GFNG
Groupe Français de
Neuro-Gastroentérologie



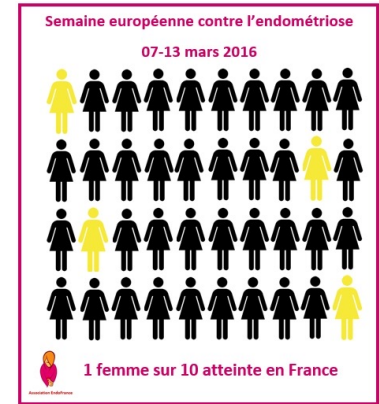
environ 10% des femmes en âge de procréer
Très difficile à estimer car diagnostic chirurgical nécessaire
pour certitude

**Prévalence en cas de douleurs pelviennes chroniques : de
2 à 74% selon les études mais probablement supérieure à 33%**

Wang Y. Gynecol Obstet Invest. 2006

Prévalence en cas d'infertilité : 25 à 50%

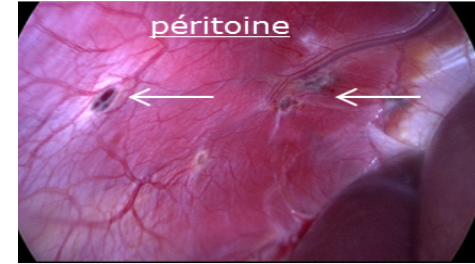
Bulletti C. Assist Reprod Genet 2010





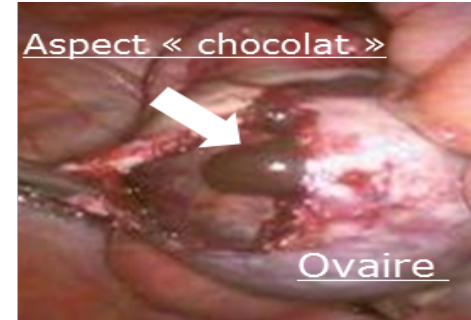
Endométriose Superficielle :

Lésion d'endométriose du péritoine sans atteinte des organes sous-jacents



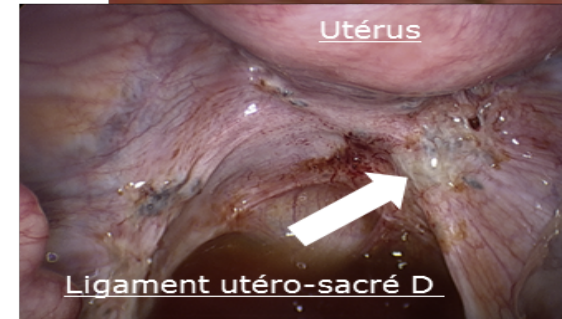
Endométriome :

Kyste endométriosique de l'ovaire



Endométriose Profonde :

Endométriose infiltrant + de 5mm sous le péritoine
Atteintes viscérales (tube digestif, vessie, ...)



Adénomyose « interne »: atteinte du myomètre

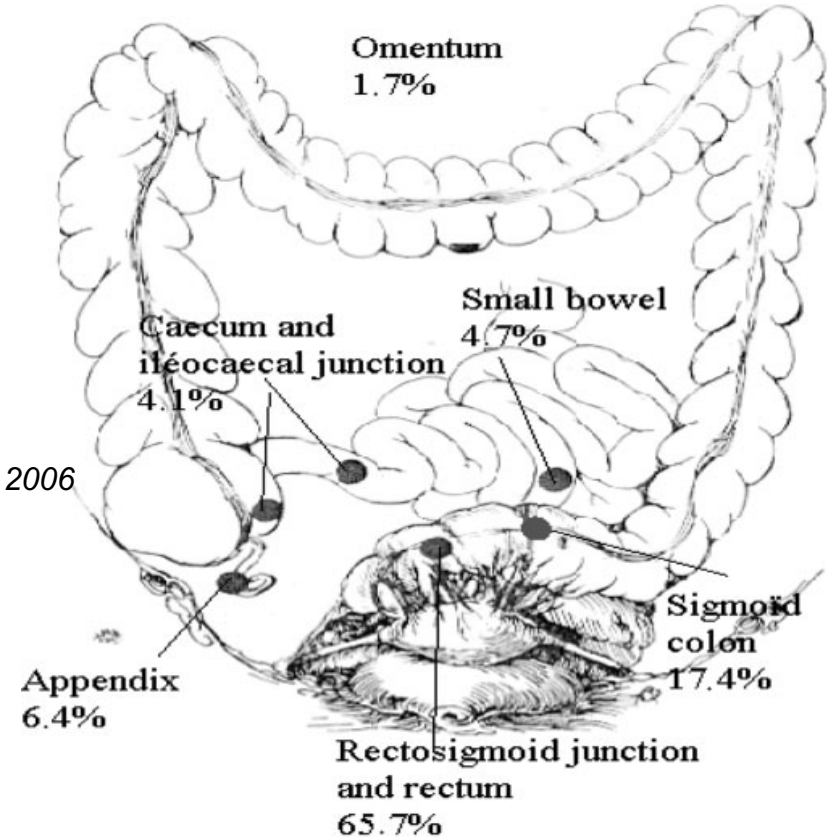
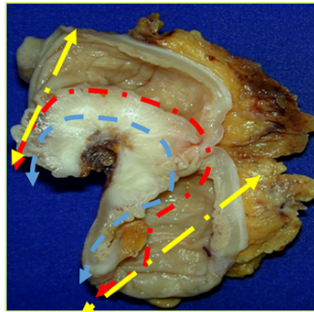
Adénomyose « Externe »: Forme d'endométriose profonde de l'utérus

426 patientes opérées d'une endométriose profonde:

- 1,8 lésion par patiente
- Vessie: 8,7%
- LUS: 52,1%
- Vagin: 14,3%
- Uretere: 3,5%
- **Tube digestif: 21,4%**

Fréquence des lésions multifocales: 40,8%

Chapron C. et al. Human Reproduction; 2006



Symptômes de l'endométriose



Douleur dans 70% des cas

- Dysménorrhée *intenses*, >8/10, résistantes aux antalgiques palier 1
- Dyspareunies *profondes positionnelles*
- Douleur pelvienne, scapalgies, douleurs hypochondre, ..

Symptômes à **recrudescence cataméniale** :

Digestifs :

- Crampes rectales
- Faux besoins, urgences
- Douleur à la défécation
- Dyschésie
- Troubles du transit
- ballonnements
- Rectorragies

Urinaires :

- Dysurie
- Douleurs mictionnelles

Infertilité

Prévalence des symptômes digestif en cas d'endométriose : 75-90%

Symptoms	Endometriosis	Controls	OR (95% CI)	P
	156 patientes			
Gastrointestinal symptoms	120 (76.9)	15 (28.8)	8.22 (4.06 – 16.66)	< 0.001
Constipation	66 (42.3)	3 (5.8)	11.98 (3.58 – 40.10)	< 0.001
Flatulence	98 (62.8)	12 (23.1)	5.63 (2.74 – 11.60)	< 0.001
Pyrosis	42 (26.9)	1 (1.9)	18.79 (2.52 – 140.30)	< 0.001
Diarrhea	29 (18.6)	3 (5.8)	3.73 (1.09 – 12.81)	0.025
Frequent defecation	31 (19.9)	2 (3.8)	6.20 (1.43 – 26.89)	0.003
Other symptoms	22 (14.1)	3 (5.8)	2.68 (0.77 – 9.36)	0.026

Corrélation entre symptômes digestifs et localisation

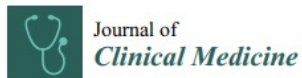
	Stage I (n = 107)	Stage II (n = 27)	Stage III (n = 23)	Stage IV (n = 28)	P	
					P (n [%])	P (mean ± SD)
Dyschezia						
Pain with bowel elimination	42 (39.3) 2.0 ± 3.0	13 (48.2) 2.1 ± 3.1	12 (52.2) 2.1 ± 2.4	13 (46.4) 2.6 ± 3.2	0.61	0.80

Schliep Human Reprod 2015

Digestive complaints	Stage I superficial endometriosis n = 21 (%)	Deep endometriosis n = 42 (%)	Deep infiltrating endometriosis of the rectum n = 53 (%)	P-value
CIRENDO self-questionnaire				
Symptoms associated with catamenial pelvic pain				
Defecation pain	8 (38.1)	18 (42.9)	36 (67.9)	0.02
Nausea	8 (38.1)	8 (19.1)	19 (35.9)	0.13
Blood in the stools	1 (4.8)	3 (7.1)	8 (15.1)	0.43
Constipation	7 (33.3)	11 (26.2)	29 (54.7)	0.01
Diarrhoea	8 (38.1)	18 (42.9)	25 (47.2)	0.75
Bloating	9 (42.9)	25 (59.5)	27 (50.1)	0.43
Appetite disorders	4 (19.1)	3 (7.1)	18 (34.0)	<0.01
Tiredness	14 (66.7)	31 (73.8)	41 (77.4)	0.62
Headache	11 (52.4)	16 (38.1)	23 (43.4)	0.55
KESS score				
Total KESS score value (n = 105 women, ANOVA test)	11.7 ± 7.9	10.4 ± 5.3	13.1 ± 6.6	0.15
Abnormal KESS score (>6)	13 (65)	28 (73.7)	39 (83)	0.26

Roman, Human Reprod 2012


Roman, Human Reprod 2012



Nov 2023

Review

Endo Belly: What Is It and Why Does It Happen?—A Narrative Review

Renata Voltolini Velho , Franziska Werner and Sylvia Mechsner *

Ballonnements 2^{ème} partie de cycle

Role du mécanisme inflammatoire, taux hormonal et microbiome

→ hypersensibilité digestive





- Quand douleurs >3 mois
- Symptômes apparaissant disproportionnés (discordance anatomoclinique)

Score de convergence PP
(Levesque A, Riant T, Ploteau S,
Labat JJ, Pain med 2018)

Score significatif quand ≥ 5

	Sphère urinaire basse	Sphère digestive basse	Sphère génito-sexuelle	Sphère cutanéomuqueuse	Sphère musculaire	scores
Abaissement de seuils	<input type="checkbox"/> Douleurs influencées lors du remplissage vésical et/ou la miction	<input type="checkbox"/> Douleurs influencées lors de la distension et/ou la vidange rectale (matières, gaz)	<input type="checkbox"/> Douleurs influencées lors de l'activité sexuelle	<input type="checkbox"/> Allodynie pelvi-périnéale (impossibilité d'utiliser des tampons, intolérance au ports des sous-vêtements serrés)	<input type="checkbox"/> Présences de points gâchette pelviens (piriforme, obturateurs internes, éleveurs de l'anus)	/5
Diffusion temporelle	<input type="checkbox"/> Douleurs post-mictionnelles	<input type="checkbox"/> Douleurs post-défécatrices	<input type="checkbox"/> Douleurs persistantes après l'activité sexuelle			/3
Variabilité des symptômes	<input type="checkbox"/> Variabilité de l'intensité douloureuse (évolution par périodes, évolution en dents de scie) et/ou de la topographie douloureuse					/1
syndromes associés	<input type="checkbox"/> Migraine et/ou céphalées de tension et/ou fibromyalgie et/ou syndrome de fatigue chronique et/ou syndrome de stress post-traumatique et/ou syndrome des jambes sans repos et/ou SADAM et/ou intolérances multiples aux produits chimiques					/1
Score total de sensibilisation pelvienne						/10

Complication qui semble rare : 0,1-0,7%?




Journal of
Clinical Medicine



Review

Endometriosis as an Uncommon Cause of Intestinal Obstruction—A Comprehensive Literature Review

Florentina Mușat¹, Dan Nicolae Păduraru^{1,*}, Alexandra Bolocan¹, Alexandru Constantinescu², Daniel Ion¹ and Octavian Andronic¹

J. Clin. Med. **2023**, *12*, 6376. <https://doi.org/10.3390/jcm12196376>

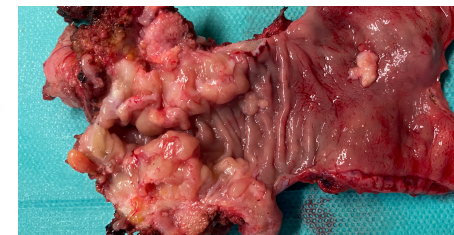
107 cas reportés :

38.3% iléon

34.5% sigmoïde

14.9% jonction iléocaecale et appendice

10.2% rectum



Mécanisme : masse intraluminaire, compression extrinsèque, adhérences ou intussusception



Endometriosis and irritable bowel syndrome: A systematic review and meta-analyses

Michelle Y. Nabi¹, Samal Nauhria², Morgan Reel¹,
Simon Londono¹, Anisha Vasireddi¹, Mina Elmiry¹ and

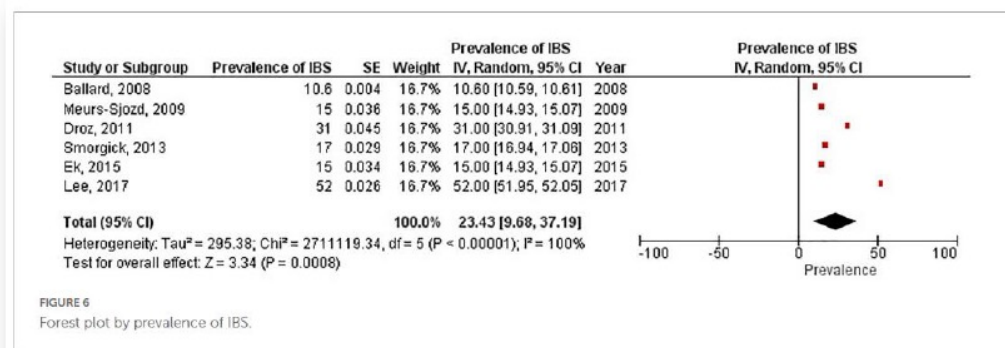
| Frontiers in Medicine

TYPE Systematic Review
PUBLISHED 25 July 2022
DOI 10.3389/fmed.2022.914356

96,119 patientes (11 études):

- 18,887 patientes avec endométriose et
- 77,171 patientes controles.

OR 2.97; [IC 95% : 2.17–4.06]
Prévalence 23,4%



Endométriose et SII : etiologie commune?

CellPress
Cell Reports Medicine

[Cell Rep Med.](#) 2023 Nov 21; 4(11): 101250.

Published online 2023 Oct 30. doi: [10.1016/j.xcrm.2023.101250](https://doi.org/10.1016/j.xcrm.2023.101250)

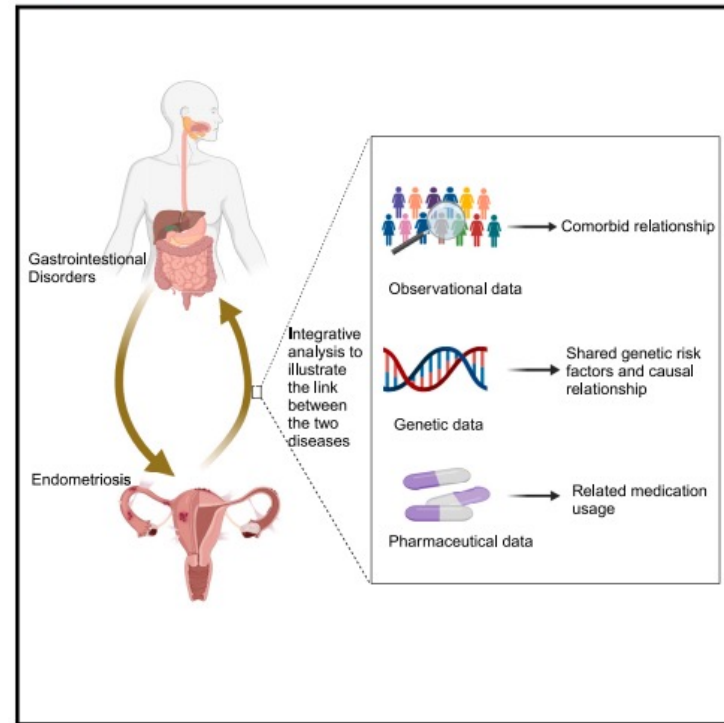
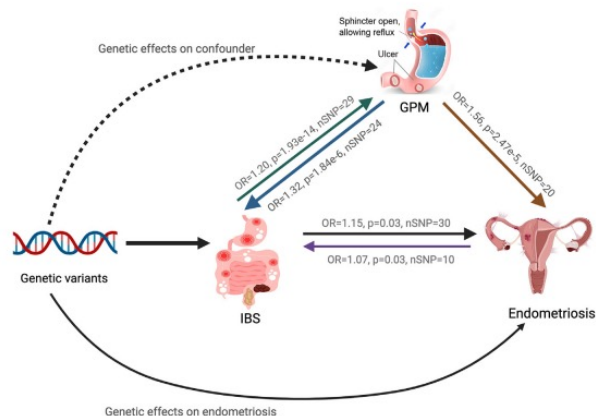
PMCID: PMC10694629

PMID: [37909040](https://pubmed.ncbi.nlm.nih.gov/37909040/)

Evidence of shared genetic factors in the etiology of gastrointestinal disorders and endometriosis and clinical implications for disease management

[Fei Yang](#),^{1,3} [Yeda Wu](#),¹ [Richard Hockey](#),² International Endometriosis Genetics Consortium, [Jenny Doust](#),²

[Gita D. Mishra](#),² [Grant W. Montgomery](#),¹ and [Sally Mortlock](#)^{1,4,5,*}



Endometriosis and inflammatory bowel disease: A systematic review of the literature

Francesca Chiaffarino • Sonia Cipriani • Elena Ricci • ... Paola Agnese Mauri • Fabio Parazzini • Paolo Vercellini • Show all authors

Published: June 26, 2020 • DOI: <https://doi.org/10.1016/j.ejogrb.2020.06.051> • Check for updates

IBD chez patientes avec endométriose : 2 à 3.4%,
versus 0–1 % dans les patientes contrôle.

Inflammatory bowel disease
Original article

Increased risk of inflammatory bowel disease in women with endometriosis: a nationwide Danish cohort study

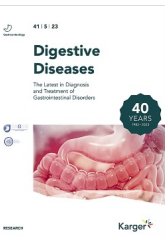
2012

Tine Jess, Morten Frisch, Kristian Tore Jørgensen, Bo Vestergaard Pedersen, Nete Munk Nielsen

BMJ Journals

37661 patientes
Augmentation de 50% du risque d'IBD

Attention au diagnostic différentiel/associé!!



High Frequency of Deep Infiltrating Endometriosis in Patients with Inflammatory Bowel Disease: A Nested Case-Control Study

Subject Area: Gastroenterology

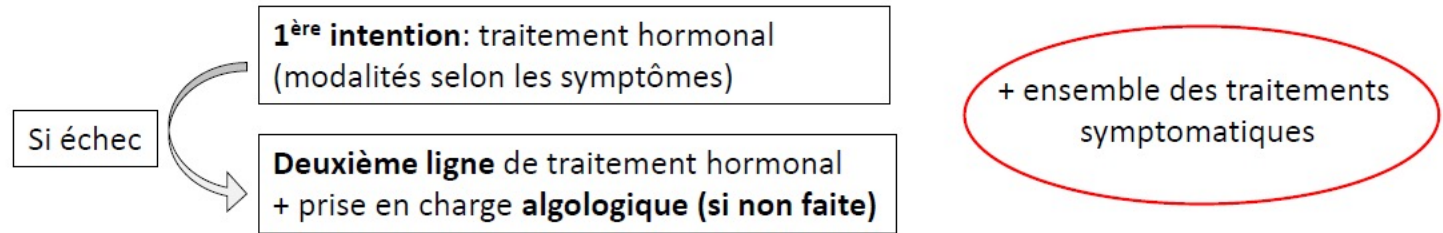
Benedetto Neri • Consuelo Russo • Michelangela Mossa • Francesco Giuseppe Martire • Aikaterini Selntjia • Roberto Mancone • Emma Calabrese • Giuseppe Rizzo • Caterina Exacoustos • Livia Biancone

Dig Dis (2023) 41 (5): 719–728.

<https://doi.org/10.1159/000530896> • Article history



Traitement de fond de l'endométriose : traitement hormonal.



+ prise en charge
hypersensibilisation pelvienne



- Antalgiques, AINS
- Antispasmodiques
- Modificateurs de transit : laxatifs osmotiques, lopéramide, mucilages selon les troubles du transit
- Prise en charge multimodale hypersensibilité pelvienne: TENS, hypnose, fasciathérapie, psychothérapie, ttt douleur neuropathique,....

- Probiotiques ?



DOI: 10.1111/1471-0528.15916
www.bjog.org

Complications

Endometriosis and the microbiome: a systematic review

M Leonardi,^a C Hicks,^b F El-Asaad,^b E El-Omar,^b G Condous^a



Womens Health (Lond), 2024; 20: 17455057241234524.
Published online 2024 Mar 5. doi: [10.1177/17455057241234524](https://doi.org/10.1177/17455057241234524)

PMCID: PMC10916465
PMID: [38444064](https://pubmed.ncbi.nlm.nih.gov/38444064/)

The role of probiotics in improving menstrual health in women with primary dysmenorrhoea: A randomized, double-blind, placebo-controlled trial (the PERIOD study)



Science Translational Medicine

HOME > SCIENCE TRANSLATIONAL MEDICINE > VOL. 15, NO. 700 > FUSOBACTERIUM INFECTION FACILITATES THE DEVELOPMENT OF ENDOMETRIOSIS...

RESEARCH ARTICLE ENDOMETRIOSIS



Fusobacterium infection facilitates the development of endometriosis through the phenotypic transition of endometrial fibroblasts

AVAKO MARAKA, MIHO SUZUKI, TOMONARI HAMAGUCHI, SHINYA WATANABE, RENTA IJIMA, YOSHITERU MIYOFUSHI, SERIKO SHINJO, SATOKO OSUKA, YUMI HARIYAMA, [...] AND YUTAKA KONDO

+7 authors Authors Info & Affiliations



Microorganisms, 2023 Aug; 11(8): 2089.
Published online 2023 Aug 15. doi: [10.3390/microorganisms11082089](https://doi.org/10.3390/microorganisms11082089)

PMCID: PMC10458414
PMID: [37630649](https://pubmed.ncbi.nlm.nih.gov/37630649/)

Microbiota in Irritable Bowel Syndrome and Endometriosis: Birds of a Feather Flock Together—A Review

Noemi Salmeri,¹ Emanuele Sinagra,² Carolina Dolci,¹ Giovanni Buzzaccarini,¹ Giulio Sozzi,³ Miriam Sutera,³ Massimo Candiani,¹ Federica Ungaro,⁴ Luca Massimino,⁴ Silvio Danese,⁴ and Francesco Vito Mandarino⁴

Diet and Nutrition in Gynecological Disorders: A Focus on Clinical Studies

Sadia Afrin^{1,†}, Abdelrahman AlAshqar^{1,2,†}, Malak El Sabeh¹, Mariko Miyashita-Ishiwata¹, Lauren Reschke¹, Joshua T. Brennan¹, Amanda Fader¹ and Mostafa A. Borahay^{1,*}

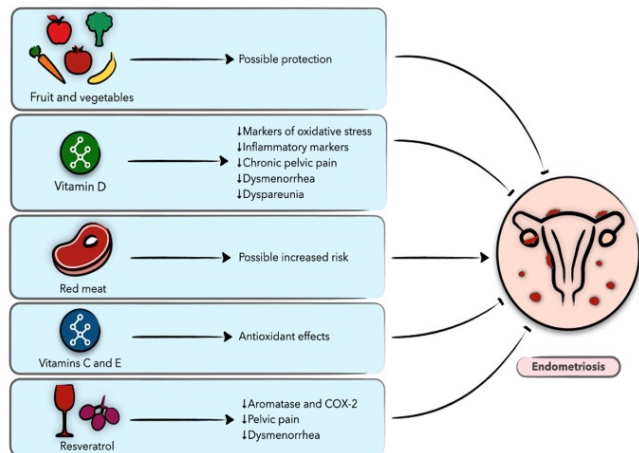


Figure 2. Schematic presentation of the role of diet and nutrition in endometriosis and the possible underlying biological mechanisms.

RBMO

REVIEW

The effects of nutrients on symptoms in women with endometriosis: a systematic review



BIOGRAPHY

Dr Annemiek Nap, MD, PhD, is initiator of the multidisciplinary team for diagnosis and treatment of endometriosis at Rijnstate Hospital, the Netherlands. She is one of the group leaders of the ESHRE Guideline Development Group 'Management of women with endometriosis', and a board member of the World Endometriosis Association.

Emma Huijs¹, Annemiek Nap^{2,*}

Check for updates

OPEN ACCESS

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University of Milan, Italy

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University of Mansoura, Egypt

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Nutrition in the prevention and treatment of endometriosis: A review

Neal D. Barnard^{1,2}, Danielle N. Holtz¹, Natalie Schmidt^{1,3},
Sinjana Kolipaka^{1,3}, Ellen Hata^{1,4}, Macy Sutton¹,
Tatiana Znayenko-Miller¹, Nicholas D. Hazen⁵, Christie Cobb⁶ and
Hana Kahleova^{1*}

Does Nutrition Affect Endometriosis?

Hat die Ernährung einen Einfluss auf die Endometriose?



Authors

Martina Helbig, Anne-Sophie Vesper, Ines Beyer, Tanja Fehm



Régime alimentaire adapté pour le SII ?



Reproductive Sciences (2022) 29:26-42
<https://doi.org/10.1007/s43032-020-00418-w>

REVIEW

Effectiveness of Dietary Interventions in the Treatment of Endometriosis: a Systematic Review

Konstantinos Nirgianakis¹ · Katharina Egger² · Dimitrios R. Kalaitzopoulos³ · Susanne Lanz¹ · Lia Bally⁴ · Michael D. Mueller¹

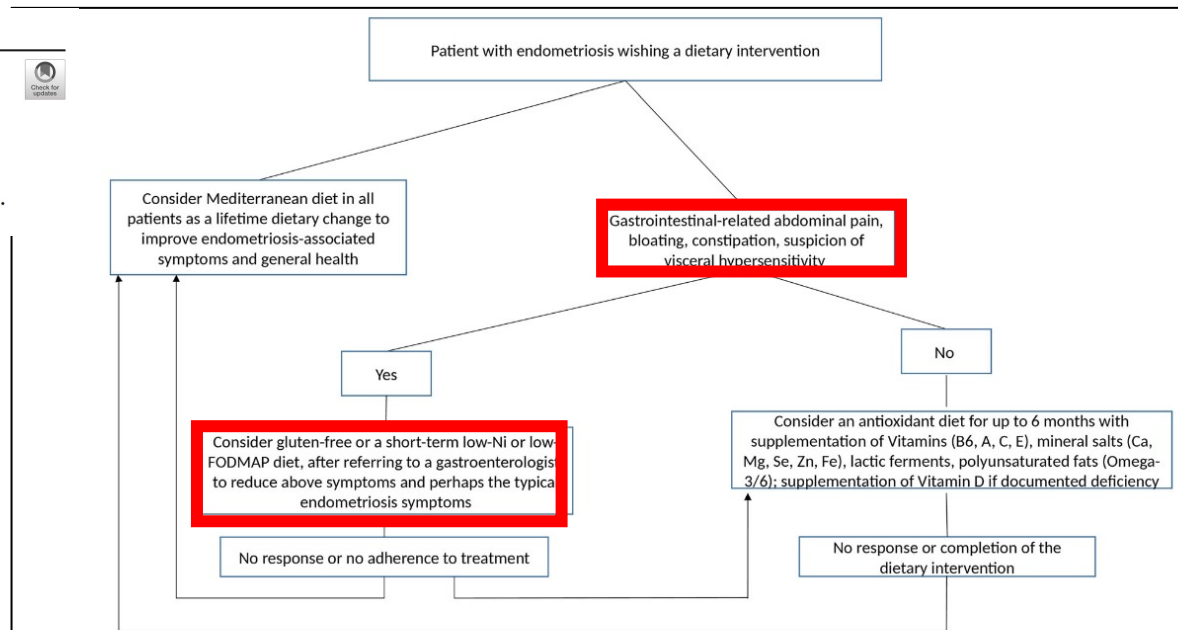
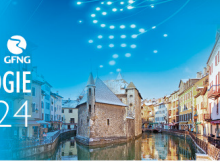
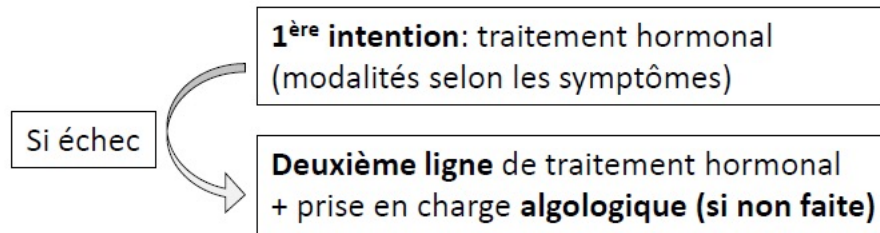


Fig. 2 A suggested approach to dietary interventions in endometriosis



Quand ?



+ ensemble des traitements
symptomatiques

Si échec : CHIRURGIE

Evolution des symptômes après chirurgie

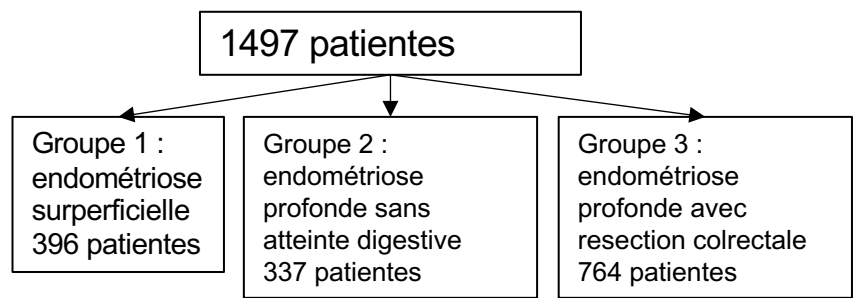


Original Article

Evolution of Bowel Complaints after Laparoscopic Endometriosis Surgery: A 1497 Women Comparative Study

Ahmet Namazov, MD, Shamitha Kathurasinghe, MBBS, Elnur Mehdi, MD, Benjamin Merlot, MD, Maria Prosszer, MD, Jean Jacques Tuech, MD, PhD, Loic Marpeau, MD, and Horace Roman, MD, PhD

2021

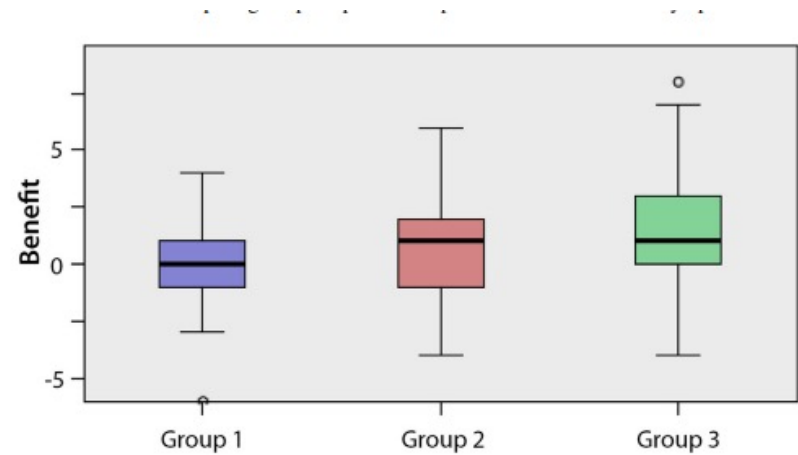


⇒ Evaluation des symptômes digestifs par GI QOL et Score de Kess :
A 1 an post opératoire, Groupe 3 avec diminution des symptômes le +
significatif
Risque de persistance des symptômes en cas de chirurgie endo superfic

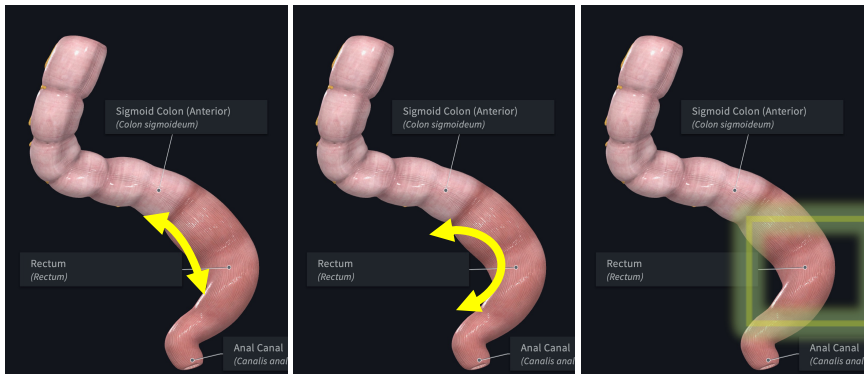
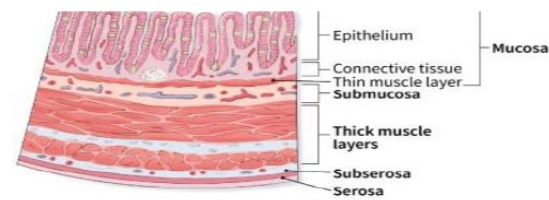
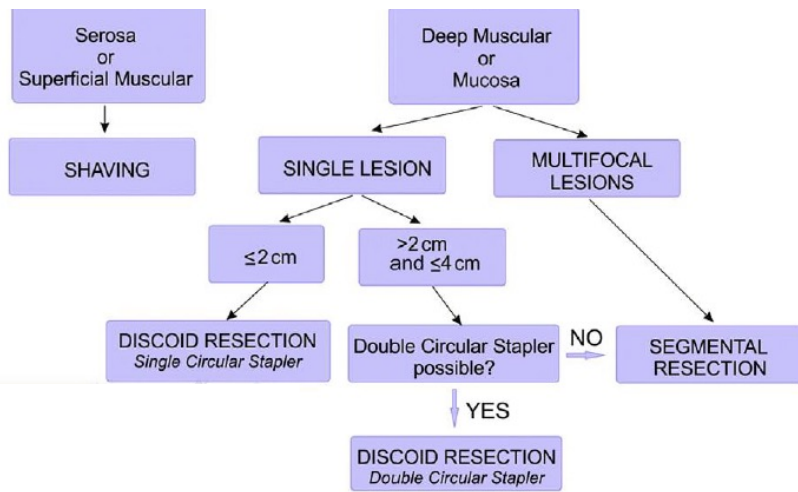
Table 3
Pre- and postoperative digestive complaints using standardized questionnaires, Median ± SD

Characteristics	Gr 1 Preop	Gr 2 Preop	Gr 3 Preop	p value	Gr 1 Postop	Gr 2 Postop	Gr 3 Postop	p value	Gr 1 Δ	Gr 2 Δ	Gr 3 Δ	p value
Total KESS score.	10 ± 6.9	10 ± 6.7	13 ± 6.9	<.001	9 ± 7.1	9 ± 6.7	9 ± 6.6	.32	1	1	4	<.001
KESS Item 1.	1 ± 1.4	1.2 ± 1.4	1.2 ± 1.4	.16	0.9 ± 1.4	0.9 ± 1.4	0.9 ± 1.4	.99	0.1	0.2	0.2	<.001
KESS Item 6.	2.1 ± 1.1	2 ± 1.1	2.3 ± 1.1	.001	1.8 ± 1.2	1.7 ± 1.1	1.7 ± 1.1	.23	0.3	0.3	0.6	<.001
KESS Item 10.	1.6 ± 1.1	1.6 ± 1.1	1.9 ± 1.2	<.001	1.4 ± 1.2	1.4 ± 1.1	1.4 ± 1.2	.9	0.2	0.2	0.5	<.001
Total GIQLI score.	92 ± 24	91 ± 21	86 ± 22	<.001	102 ± 24	103 ± 23	103 ± 22	0.1	11	12	17	<.001
GIQLI Item 7.	2.9 ± 1.1	3 ± 1	2.7 ± 1.2	.002	3.1 ± 1	3.3 ± 1	3.1 ± 1.2	0.004	0.2	0.3	0.4	<.001
GIQLI Item 30.	2.7 ± 1.1	2.7 ± 1	2.5 ± 1.1	.04	2.8 ± 1.1	2.9 ± 1	2.8 ± 1.1	0.4	0.1	0.2	0.3	<.001
GIQLI Item 31.	3 ± 1.1	3.1 ± 1	2.9 ± 1.1	.02	3.2 ± 1	3.4 ± 1	3.4 ± 1	.02	0.2	0.3	0.5	<.001
GIQLI Item 32.	2.6 ± 1.3	2.4 ± 1.3	2.2 ± 1.3	<.001	2.7 ± 1.3	2.6 ± 1.2	2.5 ± 1.3	.07	0.1	0.2	0.3	<.001
GIQLI Item 36.	3.8 ± 0.6	3.8 ± 0.6	3.6 ± 0.8	<.001	3.8 ± 0.6	3.9 ± 0.5	3.8 ± 0.7	.09	0	0	0.3	<.001

GIQLI = Gastrointestinal Quality of Life Index; Gr = Group; KESS = Knowles-Eccersley-Scott-Symptom; Postop = postoperative; Preop = preoperative; Δ = difference between preoperative and postoperative results.
 KESS item 1. Duration of constipation (0 – 18 months = 0; 18 months – 5 yr = 1; 5–10 yr = 2; 10 – 20 yr = 3; 20 yr = 4).
 KESS Item 6. Abdominal pain (never = 0; rarely = 1; occasionally = 2; usually = 3; always = 4).
 KESS Item 10. Difficulty evacuating causing a painful evacuation effort (never = 0; rarely = 1; Occasionally = 2; usually = 3; always = 4).
 GIQLI Item 7. Bowel frequency (always = 0; usually = 1; occasionally = 2; rarely = 3; never = 4).
 GIQLI Item 30. Bowel urgency (always = 0; usually = 1; occasionally = 2; rarely = 3; never = 4).
 GIQLI Item 31. Diarrhea (always = 0; usually = 1; occasionally = 2; rarely = 3; never = 4).
 GIQLI Item 32. Constipation (always = 0; usually = 1; occasionally = 2; rarely = 3; never = 4).
 GIQLI Item 36. Uncontrolled stools (always = 0; usually = 1; occasionally = 2; rarely = 3; never = 4).



Chirurgie de l'endométriose rectosigmoïdienne



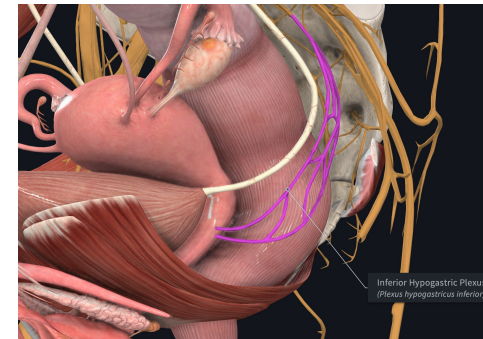
Oliveira et al. JMIG 2014



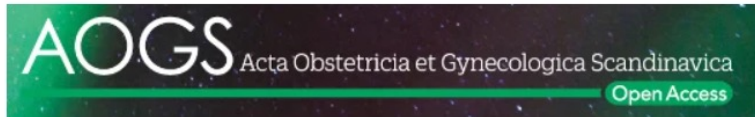
Objectif essentiel avec impact majeur sur la qualité de vie

Dépend de:

- La forme du rectum (longue, volume du réservoir...) → type de chirurgie
selles fréquentes, impériosités
- Innervation rectale = dénervation per opératoire → Nerve sparing (idem vessie)
constipation, hypotonie, trouble d'exonération
- Troubles fonctionnels associés (colon irritable, constipation chronique, anisme, dyssynergie,...)
- Complications chirurgicales : sténose anastomotique, fistule digestive



- Troubles de la continence anale
- Urgence défécatoires
- Fragmentation des selles



ORIGINAL RESEARCH ARTICLE |  Free Access

Low anterior resection syndrome following different surgical approaches for low rectal endometriosis: A retrospective multicenter study

Attila Bokor ✉, Gernot Hudelist, Noémi Dobó, Bernhard Dauser, Marilena Farella, Réka Brubel, Jean-Jacques Tuech, Horace Roman

First published: 14 November 2020 | <https://doi.org/10.1111/aogs.14046> | Citations: 21

205 résection <7cm MA:

- LARS 31,7%/ 139 exérèse discoïde
 - LARS 37,9% / 66 résection segmentaire
- $p = 0,4$

Quel type de chirurgie?



Original Article

Surgical Management by Disk Excision or Rectal Resection of Low Rectal Endometriosis and Risk of Low Anterior Resection Syndrome: A Retrospective Comparative Study

Marilena Farella, MD, Jean-Jacques Tuech, MD, PhD, Valérie Bridoux, MD, PhD, Julien Coget, MD, Rachid Chati, MD, Benoit Resch, MD, Loïc Marpeau, MD, and Horace Roman, MD, PhD

2021

172 patients :
Fonction rectale plus souvent normale après exérèse discoïde. Pas de différence sur IA

Table 4

Patient LARS score items after rectal disk excision and rectal segmental resection (assessment was carried out from September 2018 to September 2019, not earlier than 1 year after surgery and/or after stoma closure)

Symptoms	Rectal disk excision (Group D), N = 108 (62.8%)	Rectal segmental resection (Group R), N = 64 (37.2%)	p value*
Incontinence for flatus			.24
Never	45 (41.6)	29 (46)	
<once/wk	31 (28.7)	11 (17.4)	
≥once/wk	32 (29.6)	23 (36.5)	
Incontinence for liquid stools			.94
Never	90 (83.3)	52 (82.5)	
<once/wk	14 (12.9)	8 (12.7)	
≥once/wk	4 (3.7)	3 (4.7)	
Frequency of defecation, times/d			<.001
>7	1 (0.9)	5 (7.9)	
4–7	7 (6.4)	10 (15.8)	
1–3	51 (47.2)	37 (58.7)	
<1	49 (45.3)	11 (17.4)	
Clustering of stools			.02
Never	50 (46.3)	16 (25.4)	
<once/wk	28 (25.9)	23 (36.5)	
≥once/wk	30 (27.7)	24 (38.1)	
Urgency			.05
Never	52 (48.1)	22 (34.9)	
<once/wk	37 (34.2)	20 (31.7)	
≥once/wk	19 (17.6)	21 (33.3)	
LARS score (0–42)			.04
No LARS (0–20)	66 (61.1)	27 (42.9)	
Minor LARS (21–29)	20 (18.5)	21 (33.3)	
Major LARS (30–42)	22 (20.3)	15 (23.8)	

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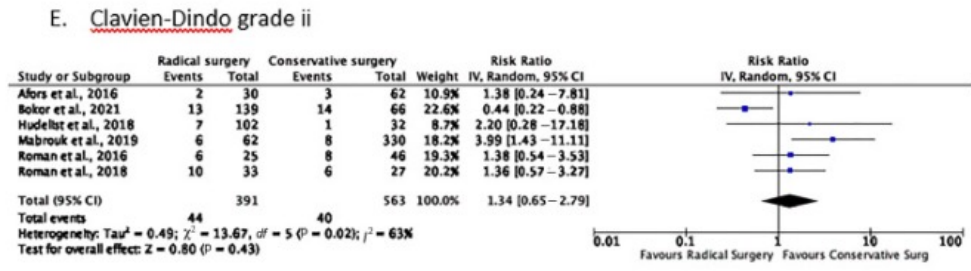
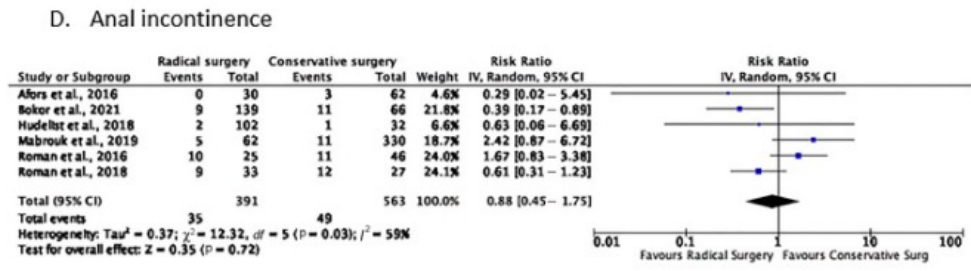
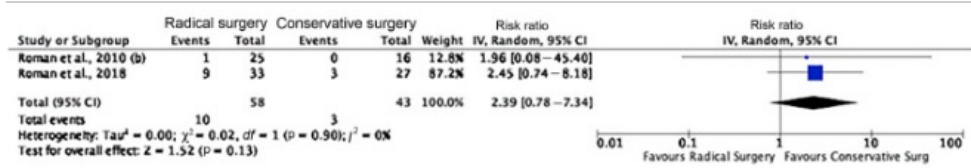
REVIEW ARTICLE | VOLUME 29, ISSUE 11, P1231-1240, NOVEMBER 2022

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Conservative versus Radical Surgery for Women with Deep Infiltrating Endometriosis: Systematic Review and Meta-analysis of Bowel Function

Ricardo de Almeida Quinteiros, MD Luiz Gustavo Oliveira Brito, MD, PhD • Daniela Farah, Pharm, PhD • Helizabet Salomao Abdalla Ayroza Ribeiro, MD, PhD • Paulo Augusto Ayroza Galvao Ribeiro, MD, PhD

Published: September 29, 2022 • DOI: <https://doi.org/10.1016/j.jmig.2022.09.551> • [Check for updates](#)



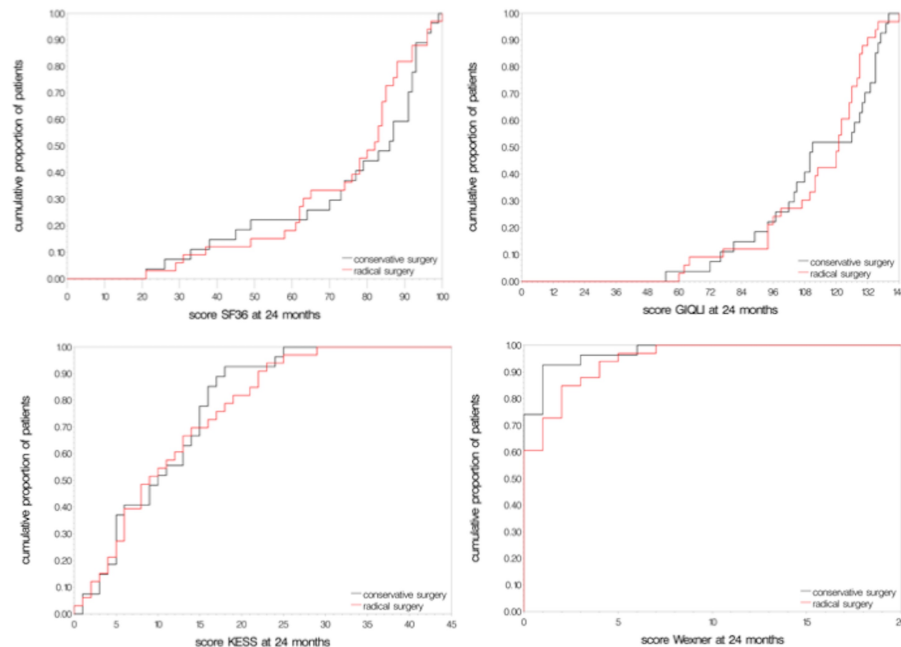
13 études (la plupart non randomisée)

Conservative surgery versus colorectal resection in deep endometriosis infiltrating the rectum: a randomized trial

Horace Roman^{1,2,*}, Michael Bubenheim³, Emmanuel Huet⁴,
Valérie Bridoux⁴, Chrysoula Zacharopoulou⁵, Emile Darai^{5,6,7},
Pierre Collinet⁸, and Jean-Jacques Tuech⁴

2018

Pas de différence sur QOL/QOL digestif,
constipation IA
+ de sténose dans le groupe résection
segmentaire



human reproduction



[Hum Reprod.](#) 2019 Dec; 34(12): 2362–2371.

Published online 2019 Dec 10. doi: [10.1093/humrep/dez217](https://doi.org/10.1093/humrep/dez217)

PMCID: PMC6936722

PMID: [31820806](https://pubmed.ncbi.nlm.nih.gov/31820806/)

Excision versus colorectal resection in deep endometriosis infiltrating the rectum: 5-year follow-up of patients enrolled in a randomized controlled trial

[Horace Roman](#),^{1,2} [Jean-Jacques Tuech](#),³ [Emmanuel Huet](#),³ [Valérie Bridoux](#),³ [Haitham Khalil](#),³ [Clotilde Hennequet](#),⁴ [Michael Bubenheim](#),⁵ and [Lacramioara Aurelia Brinduse](#)⁶

Table III Clinical assessment 5 years after surgery.

Parameter	Excision (n=27)	Colorecta resection (n=28)	P
Rectal nodule recurrence	1 (3.7%)	0	1
Assessment of digestive and urinary function			
Patients presenting primary outcome	12 (44.4%)	17 (60.7%)	.29
Digestive symptoms:			
<= than 1 stool/5 days	4 (14.8%)	3 (11.1%)	1
Defecation pain	6 (22.2%)	8 (29.6%)	0.76
>=3 stools/day	5 (18.5%)	8 (29.6%)	0.53
Involuntary gas or stool loss	2 (7.4%)	5 (18.5%)	0.42
GIQLI score	119 (99-130)	116 (97-126)	.67
KESS score	10 (6-15)	7.5 (4-15)	.65
Wexner score	0 (0-1)	0 (0-2)	.98
How long are you able to defer defecation?			
<5 min	6 (23.1%)	5 (19.2%)	.86
5 to 10 min	6 (23.1%)	6 (23.1%)	
10 to 15 min	1 (3.9%)	3 (11.5%)	
> 15 min	13 (50%)	13 (50%)	

Vers une prise en charge moins invasive?

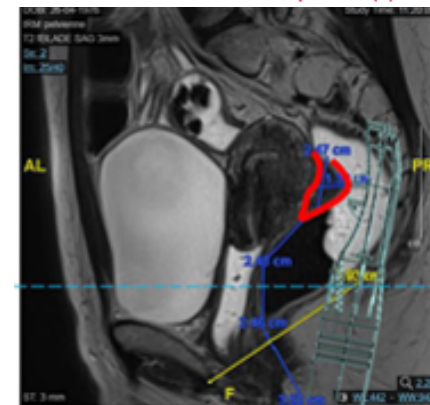
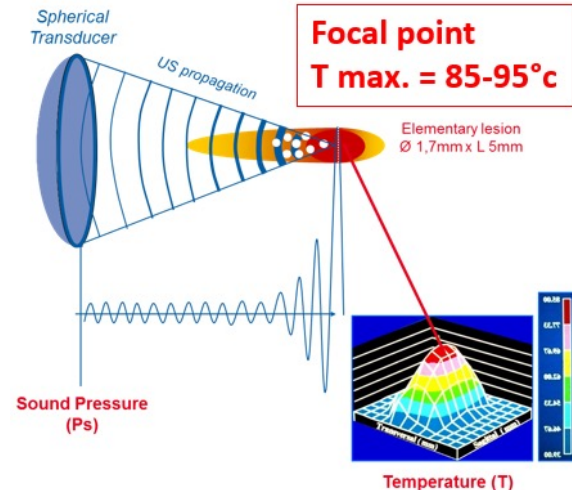


TRAITEMENT HIFU

- 3 MHz
- **Ultrasons focalisés**
- **Très haute intensité (200 W)**
10,000 fois plus qu'en imagerie

- *Pas d'atcdt de chirurgie rectale*
- *Atteinte unique rectale*
- *<15 cm de la marge anale*

60 patientes

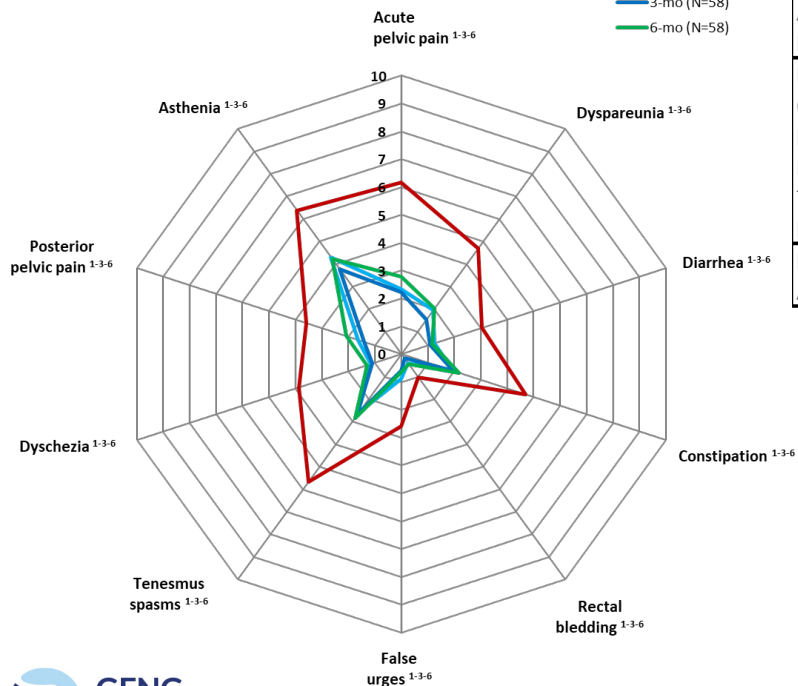


Vers une prise en charge moins invasive?

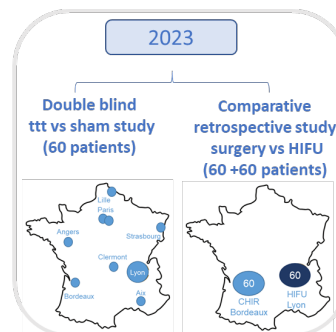


Significant improvement ($p < 0.05$) during follow-up
(1) at 1-month, (3) at 3-months, (6) at 6-months

— pre-op (N=58)
— 1-mo (N=58)
— 3-mo (N=58)
— 6-mo (N=58)



EVA (paired results)	pre-op (N=58)	1-mo (N=58)	3-mo (N=58)	6-mo (N=58)	p-value (1-mo)	p-value (3-mo)	p-value (6-mo)
Acute pelvic pain	6.17	2.33	2.22	2.79	0.000	0.000	0.000
Dyspareunia	4.69	1.95	1.52	2.03	0.000	0.000	0.000
Diarrhea	3.03	1.26	1.07	1.16	0.000	0.000	0.000
Constipation	4.69	1.95	1.95	2.16	0.000	0.000	0.000
Rectal bleeding	1.03	0.4	0.19	0.43	0.011	0.002	0.035
False-urges	2.59	0.88	0.59	0.64	0.000	0.000	0.000
Tenesmus/Spasms	5.67	2.62	2.72	2.83	0.000	0.000	0.000
Pain on defecation	3.88	1.16	1.09	1.31	0.000	0.000	0.000
Posterior Pelvic Pain	3.6	1.62	1.41	2.09	0.000	0.000	0.004
Asthenia	6.38	4.31	3.76	4.24	0.000	0.000	0.000



2024 - 2025

Dedicated probe (pre-clinical study)

2025

4/3/24: FDA Breakthrough Device Designation for Focal One in the Treatment of Deep Infiltrating Rectal Endometriosis.





- Absence de corrélation anatomo-clinique et présence de symptômes digestifs dans endométriose superficielle sans atteinte digestive
- Association SII/MICI et endométriose. Recrudescence cataméniale et sensibilité au ttt hormonal à rechercher.
- Bilan exhaustifs des lésions et recherche diagnostic différentiel/associé : endoscopie si doute +++
- Efficacité de la chirurgie avec épargne digestive et rectale. Attention au LARS syndrome. Favoriser technique conservatrice et surtout Nerve sparing
- Vers des techniques peu invasives?

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Merci pour votre attention



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